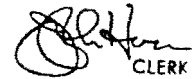


UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH DAKOTA
_____ DIVISION

FILED

SEP 18 2015


CLERK

Wendy Kim McKenzie

(Enter the full name of the Plaintiff[s] in this action)

vs.

Liberty Life Assurance
Company of Boston
Group Benefits Disability
Claims

(Enter the full name of ALL Defendant[s] in this action. Fed. R. Civ. P. 10(a) requires that the caption of the complaint include the names of all the parties. Merely listing one party and "et al." is insufficient. Please attach additional sheets if necessary.)

Case No. 15-4147

(To be assigned by
Clerk of District Court)

COMPLAINT

- I. State the grounds for filing this case in Federal Court (include federal statutes and/or U.S. Constitution provisions, if you know them. Fed. R. Civ. P. 8(a)(1) requires a short and plain statement of the grounds for the court's jurisdiction.):

They denied my long term Disability
They have ruined my Credit Rating
I can't get an Apartment Because of
my Scores.
Social Security Disability has approved
me for my disability ss. Income.
I have ^{been} stressed out all the time because
of my financial situation.
I bought the long term disability for
peace of mind.

II. Plaintiff, Wendy Kim McKenzie resides at

101 W. 3rd St
(street address)

Hartford, Meriden
(city) (county)

SD, 06103, 860-351-8112
(state) (zip) (telephone number)

(If more than one plaintiff, provide the same information for each plaintiff below)

III. Defendant, Liberty Mutual Insurance resides at, or its business is located at

P.O. Box 7207
(street address)

London, _____
(city) (county)

Ky, 40742-7207, 800-291-0112
(state) (zip) (telephone number)

(If more than one defendant, provide the same information for each defendant below)

- IV. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. You may use additional paper if necessary):

I was denied my long term disability.
~~denied~~ by Liberty & Jerronda King, Disability claims
Even though 5 doctors state I am ^{Teen} specialist
unable to work.

Social Security ~~it~~ approved my Disability
Well's Fargo stated they agree with my
disability.

- V. Relief (State briefly and exactly what you want the Court to do for you.)

I want my disability that I paid for
plus damages to my credit, my
mental well being.

VI. MONEY DAMAGES:

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES [☒]

NO [☐]

B) If your answer to "A" is YES, state below the amount claimed and the reason[s] you believe you are entitled to recover such monetary damages:

I want 65% of my pay from Wells
Fargo.

I want 15 million dollars
For mental stress, ruining my credit
rating. Unable to rent an Apartment
because of my credit.

I have not been able to feed myself correctly
do to lack of money

VII. Do you maintain that the wrongs alleged in the complaint are continuing to occur at the present time?

YES [☒]

NO [☐]

VIII. Are you requesting a Jury Trial?

YES [☒]

NO [☐]

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of September 2015

Wendy K. McKenzie
PO Box 1694
Hartford CT 06103

Signature of Plaintiff[s]